**2025 McKenzie Postdoctoral Fellowships Scheme**

**Endorsement Declaration**

***Please note*** *it is the Academic Contact’s responsibility to download and complete the Endorsement Declaration (with HOD/HOS signature) and to submit it via email to* [mckenzie-application@unimelb.edu.au](mailto:mckenzie-application@unimelb.edu.au) *by the EOI deadline.*

*All signatories of this form should complete their section and add their signature at the end of the document.*

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| **Applicant Full Name** | Click or tap here to enter text. |
| **SmartyGrants ID#** | Click or tap here to enter text. |
| **Proposed Faculty** | Click or tap here to enter text. |
| **Proposed School/Department** | Click or tap here to enter text. |
| **(If relevant) Proposed eligible affiliated institute** | Click or tap here to enter text. |
| **Project title** | Click or tap here to enter text. |

# ACADEMIC CONTACT’S ENDORSEMENT

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| In this section, the Academic Contact is asked to endorse the fellowship application and the proposed research project. Based on interactions with the applicant and the proposed research, please describe the strategic value of the research in terms of contribution to the discipline and alignment with Faculty priorities (maximum 300 words).  Academic Contacts for applicants applying in the Faculty of Arts are encouraged to have an informal discussion with the applicant about their research proposal and Fellowship plans prior to submitting this Endorsement Declaration. |
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| ***✓*** | **In signing at the end of this form, I confirm that:** |
|  | I endorse this application and confirm that I will be a regular point of contact at the University of Melbourne, to either provide informal mentoring to the successful Fellow throughout their Fellowship or to nominate an appropriate mentor. |

# AUTHORISATION BY HEAD OF THE EMPLOYING DEPARTMENT/SCHOOL

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| ***✓*** | **In signing at the end of this form, I confirm that (please tick all that apply):** |
|  | I understand that my Faculty/School/Department must contribute up to $25,000 in project funding.  *If you are unsure of the co-contribution arrangements, please contact your Faculty research office. The Faculty research office will confirm Faculty contributions of shortlisted applicants at the time of EOI ranking.* |
|  | I agree to ensure that the candidate receives informal mentoring in the Department/School throughout their fellowship if successful. |
|  | I agree that the candidate and their project align with the strategic objectives of my School/Department. |
| ☐ | I agree to host and support the above candidate in their application to the McKenzie Fellowship within the general facilities in my School/Department. |

# (IF RELEVANT) AUTHORISATION BY DIRECTOR (OR EQUIVALENT) OF ELIGIBLE AFFILIATED INSTITUTE

*This section should only be completed by Directors (or nominee) of affiliated institutes, in cases where applicants will be employed by a University of Melbourne Department/School and based within the affiliated institute*.

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| ***✓*** | **In signing at the end of this form, I (the Director or nominee of the affiliated institute) confirm that:** |
|  | I understand that my institute may co-contribute up to $25,000 in project funding.  *If you are unsure of the co-contribution arrangements, please contact your Faculty research office. The Faculty research office will confirm Faculty contributions of shortlisted applicants at the time of EOI ranking.* |
|  | I am aware that if the applicant’s application is successful, the fellow will be employed by a Department of the University of Melbourne while undertaking research at the affiliated institute. |
| ☐ | I agree to host and support the above candidate in their application to the McKenzie Postdoctoral Fellowship within the general facilities in my institute. |

**APPROVAL SIGNATURES**

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| **Academic Contact title and full name** | ​​Click or tap here to enter text.​ | | |
| **School/Department/Institute** | ​​Click or tap here to enter text.​ | | |
| **Signature** |  | **Date** | ​​Click or tap here to enter a date.​ |

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| **Head of Department** **or School** | ​​Click or tap here to enter text.​ | | |
| **Department or School** | ​​Click or tap here to enter text.​ | | |
| **Signature** |  | **Date** | ​​Click or tap here to enter a date.​ |

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| **Director (or nominee) of Affiliated Institute (if relevant)** | ​​Click or tap here to enter text.​ | | |
| **Institute** | ​​Click or tap here to enter text.​ | | |
| **Signature** |  | **Date** | ​​Click or tap here to enter a date.​ |